



**Cremation Society**  
Of Kansas & Missouri  
913-383-9888

## Membership Application

Please remit with \$25 application fee (\$40 per couple).

<b>Legal Full Name</b>			<b>Date of Birth</b>		
First	Middle	Last	MM /	DD / YYYY	
<b>Address</b>					
Street & Number		City	State	Zip County	
<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>Phone</b> (____) _____ - _____		<b>Social Security Number</b> _____ - _____ - _____	
<b>Birthplace</b>		<b>Veteran</b>		<b>Branch</b>	
City State/Country		<input type="checkbox"/> Yes <input type="checkbox"/> No		Enclose a copy of discharge paper/form DD214.	
<b>Occupation Most of Life</b> _____ <b>Business or Industry</b> _____					
<b>Marital Status</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced					
<b>Spouse Name</b>					
First	Middle	Maiden	Last		
<b>Spouse Address if Different</b>					
Street & Number		City	State	Zip County	
<b>Race</b>				<b>Tribe if American Indian or Alaska Native:</b>	
Hispanic Origin <input type="checkbox"/> Not Spanish, Hispanic or Latino <input type="checkbox"/> Mexican, Mexican-American or Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown		<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean		<input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian: _____ <input type="checkbox"/> Other Pacific Islander: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian or Alaska Native	Primary or Enrolled Tribe: _____ Additional Tribe: _____ Additional Tribe: _____ Additional Tribe: _____
<b>Education</b>					
<input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9-12th Grade, No Diploma		<input type="checkbox"/> High School Grad or GED <input type="checkbox"/> Some College No Degree		<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree <input type="checkbox"/> Unknown	
<b>Father's Name</b>					
First	Middle	Last			
<b>Mother's Name</b>					
First	Middle	Maiden			
<b>Next of Kin (If not spouse, list ALL surviving children.)</b>					
First	Middle	Last	Phone	Email	
<b>Next of Kin</b>					
First	Middle	Last	Phone	Email	
<b>Next of Kin</b>					
First	Middle	Last	Phone	Email	